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APPLICANTS

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**** CONTINUING DATA *******

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**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY ****
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Foreign Priority claimed 35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance Initials	STATE OR COUNTRY CO	SHEETS DRAWINGS 46	TOTAL CLAIMS 95	INDEPENDENT CLAIMS 17
Verified and Acknowledged _____ JOHN FERNANDO RAMIREZ/ Examiner's Signature						

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TITLE

Diagnostic signal processing method and system

FILING FEE RECEIVED 1662	FEES: Authority has been given in Paper No._____ to charge/credit DEPOSIT ACCOUNT No._____ for following:	<input type="checkbox"/> All Fees
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